

**SIKKIM**



**GOVERNMENT**

**GAZETTE**

**EXTRAORDINARY  
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**No. 66**

**GOVERNMENT OF SIKKIM  
HEALTH AND FAMILY WELFARE DEPARTMENT  
TASHILING, GANGTOK**

**No. 212/H&FW**

**DATE: 23/09/2020**

**NOTIFICATION**

In exercise of the powers conferred by sub-section 121 of the Mental Healthcare Act, 2017, (10 of 2017) the State Government hereby makes the following rules, namely:-

**CHAPTER-I**

**PRELIMINARY**

**1. Short title, extent and commencement-**

- (1) These rules may be called the Mental Healthcare (Rights of Persons with Mental Illness) Rules, 2020.
- (2) They shall come into force on the date of their publication in the Official Gazette.

**2. Definitions. –**

- (1) In these rules, unless the context otherwise requires, -
  - (a) "Act" means the Mental Healthcare Act, 2017;
  - (b) "Form" means a Form appended to these rules;
  - (c) "half way homes" means a transitional living facility for persons with mental illness who are discharged as inpatient from a mental health establishment, but not fully to live independently on their own or with their family;
  - (d) "hospital and community based rehabilitation establishment " means rehabilitation providing hospital and community based rehabilitation services;
  - (e) "hospital and community based rehabilitation service " means rehabilitation services provided to a person with mental illness using existing community resources with an aim to promote his reintegration in the community and to make such person independent in all aspects of life including financial ,social, relationship building and maintaining;

- (f) "schedule" means schedule annexed to these rules;
  - (g) "section" means section of the Act;
  - (h) "sheltered accommodation" means a safe and secure accommodation option for person with mental illness, who want to live and manage their affairs independently ,but need occasional help and support;
  - (i) "supported accommodation " means a living arrangement hereby a person, in need of support, who has a rented or ownership accommodation ,but has no live-in caregiver, domiciliary care and a range of support services from a caregiver of an agency to help him live independently and safely in the privacy of his home.
- (2) The words and expressions used herein and not defined, but defined in the Act or, as the case maybe, in the Indian Medical Council Act, 1956(102of 1956) or in the Indian Medicine Central Council Act, 1970(48 of 1970); in so far as they are not inconsistent with the provisions of the Act, shall have the meanings as assigned to them in the Act or as the case maybe, in those enactments.

## CHAPTER II

### RIGHTS OF PERSONS WITH MENTAL ILLNESS

3. Provision of half way homes, sheltered accommodations and supported accommodation –
- (1) The State Government, shall establish such number of half ways homes, sheltered accommodations and supported accommodations at such places, as it deems fit, for providing services to persons with mental illness, having regard to the following namely:-
    - (a) the expected or actual workload of the facility to be established;
    - (b) the number of mental health establishments existing in the state;
    - (c) the number of persons with mental illness in the state;
    - (d) the geographical and climatic conditions of the place where such facility is to be established.
  - (2) The half way homes, sheltered accommodations and supported accommodations established by the State Government, local authority, trust, whether private or public, corporation, cooperative society, organisation or any other entity or person shall follow the minimum standards specified by the authority under sub - section (9)of section 18 or sub section (6) of section 65, as the case maybe.
4. Hospital and community based rehabilitation establishments and services:-
- (1) The State Government shall establish number of hospital and community based rehabilitation establishments as it deems fit, for providing rehabilitation services required by persons with mental illness, having regard to the following, namely;-
    - (a) the expected or actual workload of the facility to be established;
    - (b) the number of mental establishments existing in the state;
    - (c) the number of persons with mental illness in the state;

- (d) the geographical and climatic conditions of the place where such facility is to be established.
- (2) The hospital and community based rehabilitation established by the State Government, local authority, trust, whether private or public, corporation, cooperative society, organisation or any other entity or person shall follow the minimum standards specified by the authority under sub-section (9) of section 18 or sub-section (6) of section 65, as the case maybe.
5. Reimbursement of the intermediary costs of treatment at mental health establishment. -
- (1) Till such time as the services under the sub-section (5) of section 18 are made available in a health establishment or funded by the State Government, in the district where a person with mental illness resides, such person may apply to the Chief Medical Officer of such district for reimbursement of costs of treatment at such mental health establishment.
- (2) The Chief Medical Officer, on receipt of the application for reimbursement of the costs of treatment from the person referred to in sub-rule (1), shall examine the application and issue an order to reimburse such costs by the officer in-charge of the Directorate of Health services of that State Government.
- Provided that the cost of the reimbursement shall be limited to the rates specified by the Central Government from time to time.
6. Right to access basic medical records.-
- (1) A person with mental illness shall be entitled to receive documented medical information pertaining to his diagnosis, investigation, assessment and treatment as per the medical records.
- (2) A person with mental illness may apply for a copy of his basic inpatient medical record by making a request in writing in Form-A, addressed to the medical officer or mental health professional in charge of the concerned mental health establishment.
- (3) Within fifteen days from the date of receipt of the request under sub-rule (2), basic inpatient medical records shall be provided to the applicant in Form-B.
- (4) If a mental health professional or mental health establishment, as the case may be, is unable to decide, whether to disclose information or provide basic inpatient medical records or any other records to the applicant for ethical, legal or other sensitive issues, he or it may make an application to the Mental Health Review Board stating the issues involved and his or its views in the matter with a request for directions in the form of a written order.
- (5) The Board shall, after hearing the concerned person with mental illness, by an order, give such directions, as it deems fit, to the mental health professional or mental health establishment, as the case may be.
7. Custodial institutions-The person in charge of custodial institution, including prison, police station, beggars homes, orphanages, women's protection homes, old age homes and any other institution run by Government, local authority, trust, whether private or public, corporation society, organisation or any other entity or person, where any individual resident is in the custody of such person, and such individual resident is not permitted to

leave without the consent of such person, shall display signage board in a prominent place in English, Hindi and local language, for the information of such individual or any person with mental illness residing in such institution or his nominated representative informing that such person is entitled to free legal services under the Legal Services Authorities Act, 1987 or other relevant laws or under any order of the court if so ordered and shall also provide the contact details of the availability of services.

### CHAPTER-III

#### FORMS FOR ADMISSION, DISCHARGE AND LEAVE OF ABSENCE

8. Form for admission and discharge –A request for admission to ,or discharge from, a mental health establishment shall be made by the person specified in column (2) of the Table below, for the purpose specified in the corresponding entry in column (3), in the Form specified in the corresponding entry in column (4), namely:-

Table

S. No	Request to be made by	Purpose of Request	Form
(1)	(2)	(3)	(4)
(i)	any person who is not a minor and who considers himself to have a mental illness	admission as an independent patient	Form-C
(ii)	nominated representative of the minor	admission of the minor	Form-D
(iii)	nominated representative of a person	admission of a person with mental illness, with high support needs under section 89 of the Act	Form-E
(iv)	nominated representative of a person	continuation of the admission of a person with mental illness, with high support needs under section 90 of the Act	Form-F
(v)	person admitted as an independent patient or a minor admitted under section 87 of the Act who attained the age of 18 years during his stay in the mental health establishment	discharge from a mental health establishment	Form-G
(vi)	nominated representative of the minor	discharge of the minor	Form-H

9. Forms for leave of absence and request to the police officer.- A request for leave of absence from a mental health establishment and for taking into protection of a prisoner with mental illness found to be absent from a mental health establishment without leave or

discharge by a Police Officer shall be made by the person specified in column (2) of the Table below and for the purpose specified in corresponding entry in column (3), in the Form specified in the corresponding entry in column (4), namely:-

Table

S. No	Request to be made by	Purpose of Request	Form
(1)	(2)	(3)	(4)
(i)	nominated representative of the person with mental illness admitted in a mental health establishment	Grant of leave to such person	Form-I
(ii)	Medical officer or mental health professional in-charge of such mental health establishment	Request for taking into protection by a Police Officer of a prisoner with mental illness found to be absent from a mental health establishment without leave or discharge	Form-J

#### CHAPTER-IV

#### PRISONERS WITH MENTAL ILLNESS

10. Method, modalities and procedure for transfer of prisoners with mental illness. –Transfer of a prisoner with mental illness to the psychiatric ward of the medical wing of the prison or to a mental health establishment set up under sub-section (6) of section 103 or to any other mental health establishment within or outside the State shall be in accordance with the instructions issued by the Central Government or State Government, as the case may be.
11. Standards and procedures of mental health services in prison.- The mental health establishment referred to in sub-section (7) of section 103 shall conform to the minimum standards and procedures as specified in Schedule.

Form-A

APPLICATION FOR BASIC MEDICAL RECORDS  
[see rule 6(2)]

To,

The Medical Officer in-charge

\_\_\_\_\_  
\_\_\_\_\_

Sir/Madam,

Subject:- Request for copy of my basic medical records/basic medical records of  
.....(If application is by nominated representative) Hospital  
Number (if known)\_\_\_\_\_

I Mr./Mrs. \_\_\_\_\_ residing at \_\_\_\_\_ aged \_\_\_\_\_  
son/daughter of Mr./Mrs. \_\_\_\_\_ was treated at your mental health establishment  
form \_\_\_\_\_ to \_\_\_\_\_.

Kindly provide me a copy of the medical records of my treatment.

Address

Signature

Date

Name

N.B.:- Please strike off those which are not required.

Form-B

[see rule 6(3)]

Basic Medical Records:

The mental health establishment shall maintain specific minimum records at their level for various types of patients they are dealing with. The requirement of records to be maintained for in-patients and community outreach may vary and is accordingly specified below. A graded approach in minimum records to be maintained may be followed:

Community outreach register shall consist of information from (a) to (h) of the medical record of outpatient specified in paragraph 1 below.

The mental health establishment shall maintain and provide on demand the following basic medical record to the person with mental illness or his nominated representative.

1. Basic Medical Record of all out-patients (at hospital, nursing homes, private clinics, camps, mobile clinics, primary health care centers and other community outreach programmes, and the like matters):

(In hard copy format)

- a) Name of the mental health establishment/doctor \_\_\_\_\_
- b) Date \_\_\_\_\_
- c) Hospital registration number \_\_\_\_\_
- d) Advance Directive YES/NO
- e) Patients' Name \_\_\_\_\_
- f) Age \_\_\_\_\_
- g) Father's/Mother's name \_\_\_\_\_
- h) Chief complaints \_\_\_\_\_
- i) Provisional diagnosis \_\_\_\_\_
- j) Treatment advised and follow-up recommendations \_\_\_\_\_

2. Basic Medical Record of In-Patient

- a) Name of the hospital/nursing home \_\_\_\_\_
- b) Date \_\_\_\_\_
- c) Patient's name \_\_\_\_\_
- d) Father's/Mother's name \_\_\_\_\_
- e) Age \_\_\_\_\_ Sex \_\_\_\_\_
- f) Address \_\_\_\_\_
- g) Patient accompanied by (Name, age and nature of relationship) \_\_\_\_\_
- h) Hospital registration number \_\_\_\_\_
- i) Identification marks \_\_\_\_\_
- j) Nominated representative \_\_\_\_\_
- k) Advanced Directive- Yes or No: If yes salient features of the content
- l) Date of admission \_\_\_\_\_ Date of discharge \_\_\_\_\_
- m) Mode of admission (section under Mental Healthcare Act,2017) : Independent/  
Supported
- n) Chief complaints
- o) Summary of Medical Examination Laboratory investigations
- p) Provisional/differential/final diagnosis

- q) Course in the hospital (Treatment and Progress)
- r) Condition at discharge or discharge at request or leave against medical advice or person with mental illness absconding or others
- s) Treatment advice at discharge
- t) Follow-up recommendations

3. Basic Psychological Assessment Report (facilities where persons with mental illness undergoes psychological assessment):

Clinic Record No. \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Education: \_\_\_\_\_ Occupation: \_\_\_\_\_ Date of testing: \_\_\_\_\_

Referred by: \_\_\_\_\_ Language tested in: \_\_\_\_\_

Reason for referral:

IQ  Specific learning  Neuropsychological   
Assessment disability assessment (Specify domain if the assessment is domain specific)

Personality  Psychopathology   
assessment assessment

Any other (Mention the specific domain such as interpersonal relationship)

Comments if any (may give brief detail of the referral purpose: e.g., 'the individual had mental illness and he has been referred for current psychopathology assessment as well as to ascertain the level of disability')

**Brief background information** (e.g., the nature of the problem, when it started, any previous assessment and like details):

Information: Self   
Others  Specify

**Salient behavioural observations** (Comments on alertness, attention, cooperativeness, affect, comprehension and any other relevant information)

**Tests/Scales administered** (Standardized tests/scales):



**Salient scores** (if applicable such as Intelligence Quotient, scores obtained on cognitive function tests, severity rating on psychopathology scales, disability percentage and like details)

Impression:

Recommendations:

Further assessment  Specify

Therapy  Specify

Any other  Specify

Assessed by

Verified/supervised by (if applicable)

Name:

Name:

Date;

Date:

Qualification:

Qualification:

Signature:

Signature:

4. **Basic Minimum Standard Guidelines for Recording of Therapy Report** (facilities where persons with mental illness are provided with therapy for any mental health problem)

**Minimum Basic Standard Guidelines for Recording of Therapy**  
(Name of the Institute/Hospital/Centre with address)

Clinic record no. \_\_\_\_\_

#### **THERAPIST SESSION NOTES**

**Patient name:**

**Age:**

**Gender:**

**Psychiatrist diagnosis:**

<b>Session number and date:</b>	<b>Duration of session:</b>		<b>Session Participants:</b>
<b>Therapy method:</b>	<b>Objectives of the session:</b>		
Individual	1.		
Couple/Family	2.		
Group	3.		
Other _____	4.		

**Key issues/themes discussed:** (Psychosocial stressors/Interpersonal problems/Intrapsychic conflicts/Crisis situations/Conduct difficulties/Behavioural difficulties/Emotional difficulties/Development difficulties/ Adjustment issues/Addictive behaviours/Others).

Therapy techniques used:

Therapist observations and reflections:

Plan for next session:

Date for next session;

Therapist

Supervised by (if applicable)

Name:

Name

Date:

Date:

Qualification:

Qualification:

Signature:

Signature:

**Form-C**  
**REQUEST FOR INDEPENDENT ADMISSION**  
[See rule 8]

To,  
The Medical Officer Incharge/Psychiatrist

\_\_\_\_\_  
\_\_\_\_\_

Sir/Madam,

I, Mr./Mrs \_\_\_\_\_, age \_\_\_\_\_ son/  
daughter of \_\_\_\_\_, residing at \_\_\_\_\_ I  
have mental illness with following symptoms since \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

The following papers related to my illness as available with me are enclosed

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I wish to be admitted in your establishment for treatment and request you to please admit me as an independent patient. A self-attested copy of my Identity Proof is enclosed (optional).

Address

Signature

Date

Name

Enclosures:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

N.B.: - Please strike off those which are not required.

**FORM-D**  
**REQUEST FOR ADMISSION OF A MINOR**  
*[See rule8]*

To,  
The Medical Officer in-charge/Psychiatrist

\_\_\_\_\_

\_\_\_\_\_

Sir/Madam,

I, Mr./Mrs. \_\_\_\_\_ residing at \_\_\_\_\_, who is the nominated representative (being legal guardian) of Master/Miss \_\_\_\_\_, request you to admit Master/Miss \_\_\_\_\_ aged \_\_\_\_\_ son/daughter of \_\_\_\_\_, for treatment of mental illness:

He/she is having the following symptoms since \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

The following papers related to my being the nominated representative and his/her illness are enclosed:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Kindly admit him/her in your establishment as minor patient.

Address:

Mobile:

E-mail:

Date:

Signature:

Name:

N.B.:- Please strike off those which are not required

**FORM-E**  
**REQUEST FOR ADMISSION WITH HIGH SUPPORT NEEDS**  
*[See rule 8]*

To,

The Medical Officer in-charge/Psychiatrist

\_\_\_\_\_  
\_\_\_\_\_

Sir/Madam,

I, Mr./Mrs. \_\_\_\_\_ residing at \_\_\_\_\_,  
nominated representative Mr./ Mrs. \_\_\_\_\_, aged \_\_\_\_\_ request for his/her  
admission in your establishment treatment of mental illness:

Mr./Mrs. is having the following symptoms since \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

The following papers regarding my appointment as nominated representative and related  
to his/her illness are enclosed:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Kindly admit him/her in your establishment as patient with high support needs.

Address:

Mobile:

E-mail:

Signature:

Date:

Name:

N.B.: - Please strike off those which are not required

**FORM-F**  
**REQUEST FOR CONTINUOUS ADMISSION WITH HIGH SUPPORT NEEDS**  
*[See rule 8]*

To,  
The Medical Officer in-charge/Psychiatrist

\_\_\_\_\_  
\_\_\_\_\_

Sir/Madam,

I, Mr./Mrs. \_\_\_\_\_ residing at \_\_\_\_\_, nominated representative of Mr./ Mrs. \_\_\_\_\_, who is/was an inpatient in your establishment under supported admission category, requested for his/her continued admission beyond thirty days/readmission within seven days of discharge for the reasons stated below:

Kindly continue his/her admission/readmit him/her in your establishment as patient with high support needs.

Address:

Signature:

Date:

Name:

N.B.:- Please strike off those which are not required

**FORM-G**  
**REQUEST FOR DISCHARGE BY INDEPENDENT PATIENT**  
*[See rule 8]*

To,  
The Medical Officer in-charge/Psychiatrist

\_\_\_\_\_  
\_\_\_\_\_

Sir/Madam,

I, Mr./Mrs. \_\_\_\_\_ residing at \_\_\_\_\_ aged \_\_\_\_\_ son/daughter of \_\_\_\_\_, was admitted in your mental health establishment as an Independent admission patient on \_\_\_\_\_, I now feel better and wish to be discharged. Kindly arrange to discharge me immediately.

Address:

Signature:

Date:

Mobile

Name:

E-mail

N.B.:- Please strike off those which are not required

**FORM-H**  
**REQUEST FOR DISCHARGE OF A MINOR BY ITS NOMINATED REPRESENTATIVE**  
*[See rule 8]*

To,  
The Medical Officer in-charge/Psychiatrist

\_\_\_\_\_  
\_\_\_\_\_

Sir/Madam,

Sub:- Request for discharge.

I am the nominated representative of Mr./Ms. \_\_\_\_\_ residing at \_\_\_\_\_ aged \_\_\_\_\_ son/daughter of \_\_\_\_\_, who was admitted in your mental health establishment as a minor patient on \_\_\_\_\_. Mr./Ms. \_\_\_\_\_, now feel better and wish to be discharged. Kindly arrange to discharge him/her immediately.

Address:

Signature:

Date:

Mobile

Name:

E-mail

N.B.:- Please strike off those which are not required

**FORM-I**  
**REQUEST FOR LEAVE BY REPRESENTATIVE**  
*[See rule 8]*

To,  
The Medical Officer in-charge/Psychiatrist

\_\_\_\_\_  
\_\_\_\_\_

Sir/Madam,

Sub:- Request for leave of absence.

Mr./Ms. \_\_\_\_\_ residing at \_\_\_\_\_ aged \_\_\_\_\_ year was admitted on \_\_\_\_\_ to your mental health establishment.

I, as nominated representative of Mr./Ms. \_\_\_\_\_, request that he/she be granted leave of absence from \_\_\_\_\_ to \_\_\_\_\_, for the reason stated below:

The proof of my appointment as nominated representative is enclosed.

I will be responsible for care and treatment of \_\_\_\_\_ while he/she is on leave of absence from the mental health establishment.

Address:

Signature:

Date:

Name:

Mobile & E-mail

N.B.: Please strike off those which are not required

**Form-J**  
**INTIMATION TO POLICE ABOUT UNAUTHORIZED ABSENCE FROM MENTAL HEALTH**  
**ESTABLISHMENT**  
*[SEE RULE 9]*  
**URGENT/FOR IMMEDIATE ACTION**

To,

The Station in charge

\_\_\_\_\_ Police Station

\_\_\_\_\_

Sir/Madam,

Subject:- Intimation about unauthorized absence (without leave or discharge) of a prisoner with mental illness.

This is to inform you that Mr./Mrs. \_\_\_\_\_  
aged \_\_\_\_\_ year, son/daughter of Mr./Mrs. \_\_\_\_\_,  
years, son/daughter of Mr./Mrs. \_\_\_\_\_, with identification marks

1. \_\_\_\_\_

2. \_\_\_\_\_



Was admitted at our establishment, as a prisoner with mental illness under Section 103 of Mental Health Care Act, 2017 (20 of 2017), on (date). He/she has been missing from his/her ward since \_\_\_\_\_ (date). An internal enquiry report in this regard is enclosed.

Kindly register a missing case, take him in to your protection when found and hand him over to us.

Thanking you,

Signature

Name

Date

Seal

Enclosures: copy of Aadhar Card, Photography and Internal Report

N.B.:- Please strike off those which are not required.

Schedule  
(See rule 11)

**Minimum standards and procedures for mental health care services in prisons**

**Minimum Standard for Mental Health care in Prison**

1. Prompt and proper identification of persons with mental health should be done.
2. Screening of all inmates during the time of entry to prison including the following
  - a. Mandatory physical and mental status examination
  - b. Questionnaire screening for substance use
  - c. Urine testing for common drugs of abuse
  - d. Periodic random urine drug testing
3. Identification of persons with serious mental illness and proper treatment and follow-up for this group.
4. Ensuring the availability of minimum psychiatric medication in the prison to facilitate prompt treatment (Antipsychotic medication, antidepressant medication, anxiolytic medication, mood stabilizers, anticonvulsant medication, etc).
5. Availability of psycho-social interventions for prisoners with a range of mental health problems.
6. Protocols for dealing with prisoners with suicidal risk, with behavioural problems and crises related to mental illness as well as to prison life.
7. Suitable rehabilitation services for prisoners with mental illness. Specific attention to the aftercare needs of prisoners with mental illness including providing medication after release, education of family members, steps to ensure treatment compliance and follow-up, vocational arrangements, and for those without families, arrangements for shelter.
8. Implementing of National Mental Health Program inside the central prisons.
9. Dealing with the psychological stress of prison life
  - a. Counselling for stress needs to be provided to all prisoners in both individual and group settings.
  - b. Prisoners must be encouraged to proactively seek help for any emotional problems, substance use problems or physical health problems.
  - c. Training the prison staff in simple counselling skills. Empowering some of the sensitive, motivated convicted prisoners to be effective peer counsellors.
  - d. One to one counselling upon entry during periods of crises and upon need or request.
10. Addressing substance use problem
  - a. Identification of substance use problems through questionnaires, behavioural observation and urine drug screening.
  - b. Detoxification services and making suitable pharmacotherapy available for detoxification.

- c. For persons with dependence, making available long-term medication as well as motivational and relapse prevention counselling.
  - d. Specific interventions to be made available include the following:
    - i. Tobacco cessation services (behavioural counselling, nicotine replacement therapy, other long-term tobacco cessation pharmacotherapy).
    - ii. Alcohol-benzodiazepine for detoxification, vitamin supplementation for associated nutritional problems, counselling and long term medication.
    - iii. For opiates- buprenorphine or clonidine detoxification , long term medication including opioid substitution ( methadone / buprenorphine ; opioid antagonists like naltrexone)
    - iv. All drug users need to be evaluated for injecting use, for HIV/STI (including Hepatitis B and C screening) and appropriately treated.
    - v. There is need for urgent human resource enhancement.
11. Professional Human Resources in the prison (All central prisons must ensure the presence of at least)
- i. 1 doctor for every 500 patients. In addition, every prison must have one each of the following specialists providing care-physician, psychiatrist, dermatologists, gynaecologist and surgeon.
  - ii. 2 nurses for every 500 prisoner. These trained counsellors (with a degree in any social sciences/any recognised degree with counselling experience (medical counselling/legal counselling/ psychosocial counselling /rehabilitation /education ) can carry out the following tasks
    - a. Assessment
    - b. Counselling
    - c. Crisis intervention (family crisis, bail rejection ,verdict pronouncement, interpersonal difficulties , life events, serious physical or psychiatric illness)
    - d. Legal counselling ,pre-discharge counselling
    - e. Rehabilitation counselling
    - f. Substance use counselling
    - g. Training prison staff and peer counselling.
12. Inpatient services
- a. At least a 20 –bedded psychiatric facility for 500 prisoners
13. Prison aftercare services
- a. All prisoners should have pre-discharge counselling on coping strategies, healthy lifestyle practices and support systems they can access
  - b. For persons with mental illness they shall be referred to any health establishments for after care in community

14. Documentation

- a. Computerised data base and tracking system for all prisoners
- b. Surveillance of health conditions on a regular basis with adequate emphasis on confidentiality and proper information regarding these procedures to the prisoners.
- c. Health records for prisoners with basic health information, pre-existing health problems, health problems that develop during imprisonment, details of evaluation and treatment, hospitalization details, health status and advice at release.
- d. The information must be given to the prisoner to facilitate continuing health care after release.

15. All central prisons shall have dedicated tele-medicine services to provide health care

16. Following medicine shall be made available

Risperidone, Olanzapine, Clozapine, Haloperidol, Chlorpromazine, Trihexyphenidyl, imipramine, Amitriptyline, Fluoxetine, sertraline, Paroxetine, Valproate, Carbamazepine, Lithium, Clonidine, Atomoxetine, Lorezapam, Diazepam, Oxazepam, Disulfiram, Naltrexone, Acamprosate, Nicotine Gums,, Varenicline

InjFluphenazine Inj. Haloperidol, InjLorezapam, Inj. Diazepam, Inj. Promethazine Inj Thiamine / Multivitamin.

**Principal Secretary**  
**Health and Family Welfare Department**